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APPLICANTS

Roger Dahl, Andover, MN;

reified KOM

** CONTINUING DATA *****

none KOM

** FOREIGN APPLICATIONS *****

none KOM

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/04/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 6	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged <i>KOM</i> Examiner's Signature	INITIALS <i>KOM</i>		

ADDRESS
27581
MEDTRONIC, INC.
710 MEDTRONIC PARK
MINNEAPOLIS , MN
55432-9924

TITLE
KOM 2/2/06 PER REM 1-24-06
~~Coronary defibrillating apparatus and method~~ *System and Method of Cardiac Stimulation at Oblique Vein*

FILING FEE RECEIVED 1032	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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